

SPC STRUCTURE

The Committee consists of one representative from IHS Headquarters and anywhere between nine and eleven members selected based on geographic location, expertise, community representation, tribal affiliation.

The length of the term served is three years for each member and is managed through committee census by a chair, vice-chair, and secretary.

Formal participation from the committee meets monthly through conference calls and face-to-face during bi-annual meetings.

The IHS National Suicide Prevention Committee reports to the Director of IHS and the Director of Behavioral Health Services, IHS annually or as needed.

SUICIDE HOTLINE NUMBERS

Toll-Free Nationwide U.S.A.

24 hours / 7days a week

1-800-(784-2433) (SUICIDE)

1-800-273-(8255) (TALK)

CONTACT

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Indian Health Service NATIONAL SUICIDE PREVENTION COMMITTEE



Funded by
Indian Health Service

STATEMENT OF PURPOSE

To develop, advocate for and coordinate a comprehensive cultural and community based approach to reduce suicidal behaviors and suicides in AI/AN communities.



HISTORY

- In 2003, the Director of Indian Health Service, Dr. Charles Grim sent a letter to the tribal leaders throughout the country to support the initiative of building on the foundation of "The National Strategy for Suicide Prevention" sponsored by the Department of Health and Human Services.
- The Indian Health Service (IHS) National Suicide Prevention Committee formed at the July 2003 IHS National Behavioral Health Conference with the task of setting up the structure relating to suicide.
- With suicide being the second leading cause of death for American Indian/Alaska Native (AI/AN) youth in the 15-24 age group and is 2.5 times higher than the national average (Trends in Indian Health 2000-2001), this initiative gives us the opportunity to heal our people and communities, and provide a safe and nurturing future for our children.
- *Suicide is not a single problem; rather it is a single response to multiple problems.*

SPC Guiding Principals for the WORK PLAN

We care. We love. We respect. Sung, spoken or prayed, healing the affliction of suicide in all AI/AN communities starts with these six simple words.

Throughout this work plan, we strive to be respectful to tribal and urban AI/AN communities and cultures. We intend this plan to be grounded in spirituality and incorporate collaboration, care and healing into the plan through culture. We want to help tribal and urban communities access their own spiritual, mental, emotional and physical strengths. We believe suicide occurs to and in communities, that suicide is an act rooted in the history of a particular person, family and people, and that to root it out will require the best holistically and culturally wise collaborative efforts our communities and the bureaucracies that serve them can muster. We believe that our work must recognize the historical impact of colonization on our people and must incorporate this understanding in to our efforts if our work is to succeed for future generations. We believe that helping communities keep all of their members in the circle and promoting communication between families, community members and organizations is critical to reducing suicide.

With these principals in mind, we hope to provide holistic, cultural foundation to suicide prevention, building on the strong resilience of AI/AN communities.

The work plan covers three broad areas of interest and is correlated with the National Strategy for Suicide Prevention. They are Awareness (NSSP Goal 1), Interventions (NSSP Goals 4, 6, 7) and Methodologies (NSSP Goals 10 & 11).

IHS Suicide Prevention Committee POLICY STATEMENT

It is the responsibility of the IHS Suicide Prevention Committee to provide policy recommendations and guidance to the Indian Health Service regarding suicide prevention and intervention in Indian Country.

The role of the Indian Health Service in suicide prevention and intervention is to:

1. Facilitate communication and collaboration with and among all national agencies, tribes and internally as regional and local organizational units of the Indian Health Service to coordinate responses and resources within Indian Country.
2. Consult with tribes and the IHS SPC to develop protocols to identify response teams, orientation, scheduling logistics and allocation of resources to tribal sites that experience suicide emergencies.
3. Advocate for funds from funding authorities and resources, identify funds for primary and secondary suicide prevention programs and prioritize early prevention as the most important type of programming. Funding priorities should reflect a focus on developing & promoting resiliency and community support.
4. Ensure that an active suicide surveillance system is in place throughout Indian Country.
5. Sponsor national and regional meetings and conferences on best practices in suicide prevention and intervention.
6. Establish national program standards for community suicide prevention.
7. Review and monitor federally-funded programs of national scope to prevent suicide in Indian Country.
8. Coordinate a national research agenda and communicate the agenda to all IHS levels, partner agencies and Indian Country.
9. Monitor policy implementation and compliance among all organizational levels and among partner agencies.